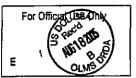
U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9459	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through [12] / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name JOSEPH D ÂMATO	Name EXCAVATORS UNION LOCAL 731	
	Labor Organization File Number 007-544	
PO Box Bldg Room No If any	PO Box Building and Room Number if any	
Street 144-66 26TH AVENUES 1	Street 34-11 35TH STREET	
City FLUSHING 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City ASTORIA	
State New York ZIP Code + 4 11354	State New York ZIP Code + 4 111706-1222	
5 Position in labor organization BUSINESS MANAGER		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name S	
Trade Name if any	
PO Box Bidg Room No If any	7 b Amount
Street Street	
City City City City City City City City	1 2 5 78 8
State ZIP Code + 4	

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Mosof Damas

7/8-886-1267 Telephone Number

Form LM 39 (2003)

Name of Person Filing JOSEPH D AMATO	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name EXCAVATORS UNION LOCAL 731 WELFARE FUND.			
Trade Name If any	a Labor Organization		
PO Box Bldg Room No fany	b Trust		
Street 34-11 35TH STREET	Las o Employer		
City ASTORIA			
State New York ZIP Code + 4 11106=1222			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name EXCAVATORS NION, LOCAL 731 WELFARE FUND.	REMITTANCE AND EXPENSE REIMBURSEMENT FOR INTERNATIONAL FOUNDTION OF EMPLOYEE BENEFITS		
Trade Name If any	CONFERENCE MONTHLY TRUSTEE MEETING LUNCHEONS THROUGHOUT THE YEAR APPROX +\$100		
PO Box Bldg Room No If any			
Street 34-11 35TH STREET 3 5	11 b Approximate dollar value of such dealing \$2,7215		
City ASTORIAL CASE A	12 a Nature of interest held or income received		
State New York & Zan San Zip Code + 4 11106 -			
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name ()			
Trade Name if any			
PO Box Bidg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant 2	14 b Amount of payment		

Name	of	Person Filing	JOSEPH	D	AMATO
401110	٠.	. Clack i work	JUSEPH	D	AMAT

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name EXCAVATORS UNION LOCAL 731 PENSION FUND	a Labor Organization
Trade Name if any	
PO Box Bidg Room No If any	∑ b Trust
Street 34-11 35TH STREET	c Employer
City ASTORIA	
State New York 3 ZIP Code + 4 11106	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name EXCAVATORS-UNION LOCAL 731 PENSION, FUND	REMITTANCE AND EXPENSE REIMBURSEMENT FOR A STATE OF THE PROPERTY OF THE PROPER
Trade Name If any	CONFERENCE MONTHLY TRUSTEE MEETING LUNCHEONS THROUGHOUT THE YEAR APPROX \$100
PO Box Bldg Room No If any 27 27 27	
Street 34-11-35TH STREET,	
City ASTORIA YEAR OF THE COLUMN ASTORIA	
State New York - ZIP Code + 4 11106 3	11 b Approximate dollar value of such dealing \$2 215
	12 a Nature of interest held or income received
	12 b Amount

Name	of	Person	Filing	JOSEPH	n	ама то
,	Ψ.			JUSEPH	1.3	AMALU

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name EXCAVATORS UNION LOCAL 731 ANNUITY FUND &	a Labor Organization
Trade Name If any	b Trust
PO Box Bidg Room No If any	
Street 34-11 35TH STREET	c Employer
City ASTORIA	<u> </u>
State New York ZIP Code + 4 11106 -	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name EXCAVATORS UNION LOCAL 731 ANNUITY FUND AND	REMITTANCE AND EXPENSE REIMBURSEMENT FOR INTERNATIONAL FOUNDTION OF EMPLOYEE BENEFITS CONFERENCE MONTHLY TRUSTEE MEETING LUNCHEONS
Trade Name if any	THROUGHOUT THE YEAR APPROX \$100
PO Box Bldg Room No If any	
Street 34-11: 35TH STREET	
City ASTORIAS	
State New York ZIP Code + 4 11106	11 b Approximate dollar value of such dealing \$2,7215
	12 a Nature of interest held or income received
	12 b Amount